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Bib Data Sheet

CONFIRMATION NO. 3619

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|---|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/326,035  | <b>FILING DATE</b><br>06/04/1999<br><b>RULE</b>   | <b>CLASS</b><br>709 719       | <b>GROUP ART UNIT</b><br>2126   | <b>ATTORNEY DOCKET NO.</b><br>2204/157 |
| <b>APPLICANTS</b><br>BRADLEY CAIN, CAMBRIDGE, MA;<br>WILLIAM MILLER, GROTON, MA;<br>ROBERT LEE, LEXINGTON, MA;<br>LARRY DIBURRO, HAVERHILL, MA;<br>MICHAEL BERGER, MERRIMACK, NH;   |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/130,777 04/23/1999 <i>yes dz</i>   |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>none dz</i>  |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b>  |   |                               |   |  |
| <b>** 06/28/1999</b>  |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met <i>Allowance</i><br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>MA | <b>SHEETS DRAWING</b><br>17   | <b>TOTAL CLAIMS</b><br>36              |
| <b>INDEPENDENT CLAIMS</b><br>3  |   |                               |   |  |
| <b>ADDRESS</b><br>34845   |   |                               |   |  |
| <b>TITLE</b><br>APPARATUS AND METHOD FOR ESTABLISHING COMMUNICATION BETWEEN APPLICATIONS  |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>1178  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |